

I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number WAC1811751532		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 03/15/2018	Priority Date	Petitioner UNIV OF NEW MEXICO HEALTH SCIENCES.
Notice Date 07/16/2018	Page 1 of 2	Beneficiary YAHYA, HAMMAM K A

UNIV OF NEW MEXICO HEALTH SCIENCES c/o BARBARA E ROWE BARBARA E ROWE ATTORNEY AT LAW 1307 RIO GRANDE BLVD NW STE 11 ALBUQUERQUE NM 87104	Notice Type: Approval Notice Class: H1B Valid from 07/16/2018 to 06/30/2021
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The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. The I-94 attached below may contain a grace period of up to 10 days before, and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-2, P-3, TN-1, and TN-2. H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. The grace period is a period of authorized stay but does not provide the beneficiary authorization to work beyond the petition validity period. The decision to grant a grace period and the length of the granted grace period is discretionary, final and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, *Arrival-Departure Record*. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, *Application for Action on an Approved Application or Petition*, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

California Service Center U. S. CITIZENSHIP & IMMIGRATION SVC P.O. Box 30111 Laguna Niguel CA 92607-0111 Customer Service Telephone: 800-375-5283	
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PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# WAC1811751532**I-94#** 299224604 30**NAME** YAHYA, HAMMAM K A**CLASS** H1B**VALID FROM** 07/16/2018 **UNTIL** 07/10/2021**PETITIONER**
UNIV OF NEW MEXICO HEALTH SCIENCES,
MSC09 5030 DEPT OF PSYCHIATRY & BE
ALBUQUERQUE NM 87131

299224604 30

Receipt Number WAC1811751532**US Citizenship and Immigration Services****I94 Departure Record****Petitioner:** UNIV OF NEW MEXICO HEALTH SCIENCES

14. Family Name YAHYA	
15. First (Given) Name HAMMAM K A	16. Date of Birth 04/20/1980
17. Country of Citizenship PALESTINE (BORN BEFORE 1948)	

EXHIBIT**3**

THE UNITED STATES OF AMERICA

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DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

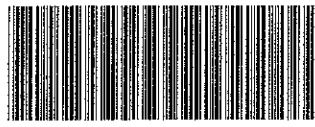
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Notice Date 07/16/2018	Page 2 of 2	Beneficiary YAHYA, HAMMAM K A

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at www.sba.gov/ombudsman or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

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California Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 30111
Laguna Niguel CA 92607-0111
Customer Service Telephone: 800-375-5283



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt # **VOID** **VOID** **VOID**
 I-94# **VOID** **VOID** **VOID**
 NAME **VOID** **VOID** **VOID**
 CLASS **VOID** **VOID** **VOID**
 VALU FROM UNIV **VOID** **VOID** **VOID**
 PETITIONER **VOID** **VOID** **VOID**
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Receipt # **VOID** **VOID** **VOID**
 US Citizenship and Immigration Services
VOID **VOID** **VOID**
 I94 Departure Record
 Petitioner **VOID** **VOID** **VOID**
 14. Family Name **VOID** **VOID** **VOID**
 15. First (Given) Name **VOID** 16. Date of Birth **VOID**
VOID **VOID** **VOID**
 17. Country of Citizenship **VOID** **VOID** **VOID**
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